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COVER LETTER

): Amendment Section Division of Corporations

ME OF CORPOR	ATION: JOHN P IZZO & A	SSOCIATES INCORPOR.	ATED		
OCUMENT NUMB					
	of Amendment and fee are sub	omitted for filing.			
ase return all corres	oondence concerning this mat	ter to the following:			
	IOHN P IZZO				
-		Name of Contact Person	ı		
	JOHN P IZZO & ASSOCIATES INCORPORATED				
-		Firm/ Company			
	773 SOUTH INDIANA AVE	NUE			
-		Address			
	ENGLEWOOD, FLORIDA 3	4223			
	٠	City/ State and Zip Code	2		
		•			
VDRU	JG217@AOL.COM	ed for future annual report	notification)		
	E-mail address: (to be us	ed for future annual report	normeation)		
r further information	concerning this matter, pleas	e call:			
OHN P IZZO		941 at (475-7617		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
iclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

HN P IZZO 7 ASSOCIATES INCORPORATION

(Name o	f Corporation as currently	y filed with the Florida Dep	t. of State)		
9319					
	(Document Number of	Corporation (if known)			
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation a	dopts the following	amendm	ient(s)
If amending name, enter the new na	ime of the corporation:				
A				The ne	u.
me must be distinguishable and contain 1c.," or Co.," or the designation "C hartered," "professional association,"	Corp," "Inc," or "Co". A	l professional corporation n	or the abbreviation tame must contain	"Corp., the wor	u u
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)		N/A			
Enter new mailing address, if appli	icable:	N/A			
(Mailing address MAY BE A POST)	OFFICE BOX)				
				-	
If amending the registered agent an	id/or registered office add	ress in Florida, enter the na	me of the		
new registered agent and/or the new					
Name of New Registered Agent	JOHN P IZZO				
	773 SO INDIANA AVEN	UE			
	(Florida str	eet address)			
New Registered Office Address:	ENGLEWOOD		_, Florida		-
		(City)	(Zip Co	ode) <u> </u>	
			<u> </u>	<u> </u>	
w Registered Agent's Signature, if o	hanging Registered Agent	: <u>:</u>	٠	X5V 2	77
ereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligation	ns of the position.	Š	
		,		泵	C
	\bigwedge	de m		B	
	Signature of New R	Registered Agent, if changing	2	~	

dress of each Officer trach additional sheet. tase note the officer/d = President; V= Vice ecutive Officer: CFO esident, Treasurer, Di tanges should be note thange, Mike Jones le	and/or s, if nece: lirector ti Presider = Chief l irector w d in the f eaves the	Director being added: essary) itle by the first letter of the office title: ent; T= Treasurer; S= Secretary; D= Direct Financial Officer. If an officer/director hole would be PTD. following manner. Currently John Doe is li	each officer/director being removed and title, name, and each officer/director being removed and title, name, and each; TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one title, list the first letter of each office held. isted as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
<u>Change</u>	<u>PT</u>	John Doe	
<u>(</u> Remove	<u>V</u>	Mike Jones	
∑ Add	<u>sv</u>	Sally Smith	
/pe of Action	Title	<u>Name</u>	<u>Addres</u> s
heck One) Change	S	HEATHER L IZZO	773 SO INDIANA AVENUE
Add	_ :		UNIT A
Remove			ENGLEWOOD, FL 34223
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
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		Page 2 of 4	
		litional Articles, enter change(s) here: nccessary). (Be specific)	

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			<u> </u>
		_ _	
			<u> </u>
			
If an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)	ent if not contained in the a	mendment itself:	
<u> </u>			
		<u></u>	
	Page 3 of 4		
e date of each amendment(s) adoption:			, if other than the
: this document was signed.			
ective date <u>if applicable</u> :		······································	
 	(no more than 90 days after	amendment file date)	

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

doption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated	11/22/2019		

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed figureary by that fiduciary)

JOHN PAZZO

(Typed or printed name of person signing)

DIRECTOR/PRESIDENT

(Title of person signing)